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15, 1999.
$750).

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 02, 1999 8:00 am
Secretary of State
09-02-1999 90008 030 ***550.00

DOCUMENT # P98000100813

1. Corporation Name

KENSINGTON, INC.

Principal Place of Business	Mailing Address
9210 CYPRESS GREEN DRIVE JACKSONVILLE FL 32256	9210 CYPRESS GREEN DRIVE JACKSONVILLE FL 32256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/30/1998

2. Principal Place of Business	2a. Mailing Address
21 9116 CYPRESS GREEN DR.	26 9116 CYPRESS GREEN DR.
Suite, Apt. #, etc. 22 SUITE 100	Suite, Apt. #, etc. 27 SUITE 100
City & State 23 JACKSONVILLE, FL	City & State 28 JACKSONVILLE, FL
Zip / Country 24 32256 25 DUVAL	Zip / Country 29 32256 30 DUVAL

4. FEI Number: 59 3554328 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DOYLE, WILLIAM E
1301 RIVERPLACE BLVD
SUITE 2600
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name: A. TODD MITCHELL
82 Street Address (P.O. Box Number is Not Acceptable): 9116 CYPRESS GREEN DR #100
83
84 City: JAX FL 85 Zip Code: 32256

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE: [signature] RESIDENT 9/9/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARSHALL, L DOUGLAS 911 CREEKSIDE CIR ATLANTIC BEACH FL 32233	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☑ Change ☐ Addition 213 GNARLED OAKS DRIVE PONTE VEDRA, FL 32082
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KING, THOMAS 1789 RED CYPRESS DR JACKSONVILLE FL 32223	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/99)

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED 8/31/99 904731-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #